

Intervention for reducing severe Depression and enabling effective working life in female patients

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Abstract:

Background: Depression takes a big toll in the life of the working women. It has become a common incidence in the recent days. This necessitates an extensive use of medications and psychological therapies such as cognitive behavior therapy. In the present study two groups were intervened, one with medications and the other group with medications and cognitive behavior therapy. To study the intervention's effect, qualitative research method of assessment was used to observe whether the patients had change in their functioning and working life. The focus group discussion method was used and a focus group discussion guide was used to collect information from the groups. To enable standardization of the discussion, the investigator facilitated all the discussions. The sample comprised a group of forty female weavers who sought treatment for their depression.

Methods: To capture the effect of the intervention, qualitative research method was adopted. Discussion with focus group guide was conducted for two different kinds of intervention and this was properly recorded. The content of the discussion was used for analysis. Main aims of the discussion were to investigate the effect of psychotropic medications, which had been already field tested by experts and to investigate the effect of combined psychotropic medications and cognitive behavior therapy. The drugs were administered to the patients by the psychiatrist of Vinayaka Mission Medical College's Hospital and the cognitive behavior therapy by the psychologist. The focus group meetings was held at confidential setting in the counselling room in Vinayaka hospital. The recorded findings were validated by presenting them to the family member of the every patient.

Results: It was interesting to observe that physical symptoms associated with depression such as headaches, dizziness, insomnia and lack of energy were reduced in the groups. Similarly the psychological symptoms such as poor concentration, emotional distress and lack of motivation were also reduced in both groups. Salient highlights in the focus group discussions were that the group which underwent the combined therapy had more improvement as they had increased coping abilities in their functioning and working life

Conclusion: It could be inferred from the reports of the patients and their family member's observation that patients who had depression were definitely benefited with the types of intervention. However the group which underwent the combined medications and cognitive behavior therapy was benefited much more as they had better coping ability, relieved from the symptoms of depression, and had no distortion of their cognition in their functioning and working life.

Keywords: Depressed female patients, medications and cognitive behavior therapy.

Introduction:

Women can face the depressive disorder when they encounter with various phases of life. To quote few phases are role conflicts in family and work, execution of the dual role of mother and working women, and challenge with the life-partner inflicting violence and harassment, etc. This disorder does not spare any caste, creed, and socio economic or educational background of the people. There are numerous hazards which take toll in the women's life when they have the disorder of depression. It is important to address and to arrest the symptoms of the disorder and to help the woman to lead a better life and construct a better society. The depressive disorder is a chronic disease which can be recurrent [1]. In our society the women belonging to

lower economic status are more burdened with this disorder as the socio economic problem makes them vulnerable to isolation, uncertainty, and poor access to helpful resources, etc. The study by World Health Organization reports very aptly that depression is the greatest disease which burdens the women when compared with other diseases [2]. Therefore treatment of this depressive disorder becomes pertinent. Some of the research studies which aimed at assessing the efficacy of treating with antidepressants had revealed that approximately 30 to 35 percent of the individuals did not respond to the treatment. More over alternative therapies such as meditation and relaxation, exercise, and acupuncture can be used. The efficacy of these alternative therapies can be scientifically examined by

taking different samples and applied to suitable patients based on the findings of the researches [3]. Lack of treatment for psychiatric illnesses may be a greater problem in terms of work performance [4]. People with depression or anxiety are likely to experience a range of symptoms. Some of the symptoms are depressed mood, sleep disturbance, fatigue, poor concentration, paucity in thinking and legacy in decision making process [5]. Depressive disorder often co-exists with anxiety [6] and the symptoms may lead to impair the work performance in depressed people [7, 8].

This research revealed *new and in-depth data* on depression and the use of psychotropic medications and cognitive behavior therapy among working female patients. The aim was to improve the understanding on the effect of intervention on depression and their consequent improvement in their function and work.

The consecutive cases that came to the hospital for treatment were taken for these types of intervention. In the present study two groups were intervened, one with medications and the other group with medications and cognitive behavior therapy. To study the efficacy of these types of intervention, qualitative research method of assessment was used to observe whether the patients had change in their depressive symptoms and their working life.

OBJECTIVES

The scope of the study was to assess the two types of intervention using qualitative research method.

The objectives were as below:

1. To assess the effect of different types of intervention – medications with women suffering from severe depression
2. To assess comparatively the effect of two types of intervention –
 - a. Medications and
 - b. Medications with cognitive behavior therapy.

METHOD

In the comparative study of the two groups, women visiting the department of psychiatry for getting treated for the mental disturbance were subject to the study. Forty consecutive cases of women who were suffering from severe depression without psychotic syndromes of delusion and hallucination were taken as sample for the study. They were in the age group of 26 to 35 years old.

The criteria of the mood disorder (DSM IV-TR) and Hamilton Rating Scale for Depression (HAM-D) were

used for identification of severe depression. The patients who scored more than 17 points in HAM-D were included in this study [9]. The patients who had psychotic syndromes such as delusion and hallucination and who had mild and moderate depression were excluded. The qualitative research data were collected after an interval 1 and ½ months. The sampling strategy was purposive sampling.

The woman patients consented to participate in the study. No new drugs were tried out in the study to assess the efficacy of them but the approved drugs were tried to find each patient's improvement in relieving their symptoms and distress to themselves and family members. The depressive symptoms which they suffered from were headaches, dizziness, insomnia and lack of energy, poor concentration, emotional distress and lack of motivation.

MEDICATIONS / PHARMACOTHERAPY

40 patients were subject to history taking and diagnosis of the disorder by the criteria of DSM IV-TR and the psychological test. They were put under medications by the psychiatrist of the hospital and followed up (once in 10 days) for a period of time.

The drugs were Selective Serotonin Reuptake Inhibitor (Tab. Nexito 10 mg 1-0-0), Tricyclic Antidepressant (Tab. Dothip 25 mg 0-01), and Clonazepam (Tab. Zapiz 0.5 mg 0-0-1). They were instructed to continue the drugs regularly by the psychiatrist of Vinayaka Mission Medical College's hospital. The patients were motivated adequately to take the drugs continuously and to follow the cognitive therapy by the psychologist.

COGNITIVE BEHAVIOR THERAPY (CBT)

Besides taking the drugs, the group of 20 woman patients who were selected randomly for the study received cognitive behavior therapy was given to the depressed women. CBT is a form of psychotherapy that emphasizes the important role of thinking in how we feel and what we do.

The essence of cognitive therapy is the assumption that irrational thoughts and beliefs, overgeneralization of negative events, a pessimistic outlook on life, a tendency to focus on problems and failures, and negative self assessment, as well as other cognitive distortions, promote the development of psychological problems, especially depression.

It was a short term program oriented to the current problems to recognize the nature of the dysfunctional thinking for resolution. During the therapy session, mood shift from, for example happy mood to irritable mood, helped the therapist to identify the automatic

thoughts. Observing strong emotions, each patient was asked to describe the thoughts that went through her head just prior to mood shifts. She was instructed to recognize schemas (core belief or basic assumptions) on her own and their linkage to superficial automatic thoughts [10]. After identifying schema, she had to do pro and cons analysis; it induced her to doubt the validity of the schema and to start thinking of alternative explanations. Modifying schema included examining evidence, listing advantage and disadvantage, generating alternatives and cognitive rehearsals. In cognitive rehearsal, she had to imagine various steps in meeting and mastering a challenging task and to rehearse various steps of it.

A complex task could be broken in to various steps and she had to imagine as if she were encountering each step and to check if it was successful. If not she could try on new mode / alternative mode of coping with the task oriented activity. Behavioral intervention was used to change dysfunctional patterns of behavior (e.g. hopelessness) and used to reduce troubling symptoms (e.g. intrusive thoughts).

It helped to assist in identifying and modifying maladaptive cognitions and to engage in any pleasurable activity (e.g. activity schedules) this helped her to involve more in such activity. A weekly log was employed in which she recorded what she did during each hour of the day and rated each activity for

mastery and pleasure. This was also observed by the family members.

The family member and she reviewed these information in the next session with the therapist. In graded task assignment, a behavioral goal was broken down into small steps that could be taken one at a time to solve a part of the problem. In addition, she was instructed to stop dysfunctional behaviors e.g. crying spells and diverted them from intrusive thoughts by engaging activities such as play and physical activities [11].

The follow ups were recorded in the psychotherapy register of the department. The data collection was done when the patients came for the third/ forth review (after 45 days of treatment). The duration of data collection was 1 month for these two groups. The total number of cognitive behavior therapy sessions was 16 and each consisted of 50 minute session.

The women who were willing to participate in the data collection were encouraged to come on specific day for focus group discussions. Four focus group discussions were conducted among 32 women and the number of drop out was eight (two in each group). In each group a maximum of eight women participated. It was a practical difficulty to make them to come all on a specific day and it might give practical difficulty to conduct focus group discussions as they came from different places and were doing different works.

Table 1: showed the demographic variables of working female patients of depressive disorder

S.No	Variables	Groups	Depressive disorder	
			N	%
1	Age	25-35 years	18	45
		36-45 years	22	55
2	Religion	Hindu	27	67.5
		Christian	8	20
		Muslim	5	12.5
3	Income	Rs. 2000	12	30
		Rs. 4000	28	70
4	Education	No education	4	10
		5 th standard	19	47.5
		8 th standard	11	27.5
		10th standard	6	15
5	Occupation of their husband	Weaver-own handloom	5	12.5
		Weaver- coolie	35	87.5
6	Number of children	0	1	2.5
		1	6	15
		2	10	25
		3	14	35
		4	9	22.5

FOCUS GROUP DISCUSSION

Two focus groups for the women who exclusively got only medications and two focus groups for the women who got both medications and cognitive behavior therapy. The focus groups were used to collect detailed information on the personal experiences of people with depression with the help of focus group discussion guide.

The focus group discussion guide was used to facilitate the discussion. The discussions were conducted in a non threatening environment which increased the comfort level of the participants to speak out. The discussions set a common platform for the women to discuss freely about the effect of treatments in their daily life, especially in their working life.

The content of their speech/ discussion was recorded and the content was analyzed. Special efforts were taken to validate the findings of the patients from the discussion with the family members who accompanied the patients. The findings are summarized under themes along with illustrative quotes.

RESULTS :

Demographic profiles of random participants (n = 40) in the sample are shown in the table. The table 1 showed the socio demographic variables of the study sample. The women were primarily in the age group of 36-45 years (55%), majority of them belonged to Hindu religion (67.50%), had education of 5th standard (47.50 %) and income of Rs 2001- 4000 per month (70%). Majority of their husbands worked as coolie (87.50) and 35 % of the patients were having three children.

EXPERIENCE OF DEPRESSION AND ITS IMPACT ON WORKING LIFE

Majority of the women stated that they were unaware exhibiting the symptoms of depression by themselves. They also expressed that they were upset with their family member, e.g. husbands who recognized the difference in their behavior and were trying to help their unusual behavior. Majority stated that they still remembered the crisis situation which came up in their life which made them to cooperate with their family members for getting treated.

The symptoms with which the patients suffered were the physical symptoms such as tiredness, lack of concentration, and the psychological symptoms such as extreme of emotion, lack of motivation, confusion and difficulties with decision making.

1. THE FINDINGS FROM THE GROUP WHICH UNDERWENT MEDICATIONS

Majority of them stated that the following hardships which they faced were reduced after treatment. The hardships were the depressive symptoms such as vacant and persistent sad feeling all through out the day, lack of sexual interest and also lack of interest in any activities which would bring happiness, extreme restlessness and irritability, guilt feelings, worthlessness, etc.

- they had less anxiety and they were calm at present.
- they were able to lead a better marital life, in spite of facing the problem of their husbands who were drinking alcohol.
- they were feeling more active and had good energy level to manage their daily activities.
- they felt that they wanted to get back to their work and they were attributing this change to the medications.
- they worried about the cost of drugs as the part of the hard earned money spent for medicines and worried about wasting the time spent for travel to the hospital

Almost all the woman expressed that they had gained self confidence and all now more interested in their family and work.

Among them who had suffered from suicidal tendency earlier stated that they did not have such thoughts at present.

When probed on the other existing problems which they might face after the medications, few of them reported that they continued to have stress at work, they worried about the time to be spent on their work to earn adequately.

Few of them had residual symptoms such as sad life events, and physical complaints, when they thought about the past hazards.

Few of them had poor compliance with the medications and tested whether the patients had arrest of symptoms or not.

2. THE FINDINGS FROM THE GROUP WHICH UNDERWENT MEDICATIONS WITH COGNITIVE BEHAVIOR THERAPY:

In the personal life, many patients stated the following that they

- had peaceful experience for which they went to temple/ church/ mosque at least once in a week with their husband and /or children and prayed for peace.
- had no strained relationship with their husbands and family members and coworkers.

- kept quiet rather than arguing with their husband to handle unpleasant situations.
- did not discontinue the drug taking behavior, though they tried once or twice.
- felt more energetic to do work continuously with out generalized body pain, especially pain in legs.
- settled the loan mostly and had hopes to settle the rest in the near future.
- did not take leave from the work of weaving and other works.
- felt the reduction of unnecessary thought disturbances and many had more sexual desire, sexual activity with their partner, hope, self esteem, and self confidence.
- had spent more time with their family members and used their time usefully.
- tried arresting drinking behavior of their husbands by taking them to the treatment centre/ hospital for addiction.
- relieved from the symptoms of crying, irritability, fatigability, anxiety symptoms, and most of them felt happy, good at decision making, and problem solving.
- some reported excessive sleep and felt like continuing sleep in the morning hours.
- few carried the stigma and few might feel addicted to the drugs.
- few felt side effects of the antidepressant drugs such as sexual dysfunction, insomnia, dizziness, nausea, dyspepsia and anxiety.
- Few of them had residual symptoms such as thinking about the past hazards.

In work life majority of them felt that they had

- increased productivity remarkably, and increased relationship with their coworkers, energy to do the work, coping ability in all areas – family and work, joy in the work and their earnings, performance and interest in the work.
- Their reduced absenteeism made them to increase their positive out look.
- They had reduced conflict ideas with their employer, did not prefer to get free medicines from other available source, and did not have suicidal ideas as they were doing work with out body pain.
- They had the change in beliefs and attitudes towards work and mental health.

In general, the patients got more satisfaction with less career burden relating to the combined medications and cognitive behavior therapy than the drug therapy and had the subjective state of well being.

DISCUSSION

Adopting a qualitative research methodology, this study explored the impact of depression and the medications prescribed for the condition in the working life of women. The study relied on volunteers and it could be reasonable to assume that patients who had experienced problems might be more likely to participate in such a study. However, this study provided insight into the problems faced by the sufferers of depression and the factors determining poor compliance with the medications.

The main finding to emerge from this study was whether the medications had an impact on their work due to the depression. The medications had a range of side effects including sexual dysfunction, insomnia, dizziness, nausea, dyspepsia and anxiety [12].

Most people believed that they were not given sufficient information regarding mechanisms by which the medications would work and the possible side effects of them. Many were unprepared for the fact that their medications could make them feel worse initially. When they were given accurate information, patients were more likely to comply with the treatment regimen. When the patients felt better they were tempted to discontinue their medications prematurely.

Poor compliance with antidepressant medications was a major obstacle to the effective management of depression. It explored barriers to patients' adherence including the nature of depression and the methods of treatment and attitudes toward medications [12]. The information sources about antidepressants were limited and made them difficult for the patients to gain accurate information. There would be a need to develop accessible information leaflets for anxiety and depression. The patients tended to cease medication once they started to feel better, often due to concerns about addiction.

The patients had the fear of psychological and physical dependence and the reaction of antidepressants when they continued to take the drugs. They had gastrointestinal or flu-like symptoms, disrupted sleep and sensory disturbances, as well as irritability, crying spells and anxiety. When they tried for discontinuation of the drugs they had dizziness, nausea, lethargy, and headache, problems with balance, sensory abnormalities, and aggressive and impulsive behavior. Physicians could reassure patients that this was a reversible condition and ensure gradual tapering schedules.

The patient's attitude toward medications might be likely to offer important benefits in terms of compliance, patient satisfaction and clinical

effectiveness. The present research supports the earlier findings of the researchers [4, 13 - 19].

LIMITATIONS

The study did not have control group as the patients suffered from severe depression which required immediate treatment of the disorder.

Intelligence Quotient (IQ) of the depressed patients of these groups was not tested and the quantification of improvement of the disorder was not done due to the qualitative research method which was descriptive in nature.

CONCLUSION

The physical symptoms associated with depression such as headaches, dizziness, insomnia and lack of energy were reduced in these groups. Similarly the psychological symptoms such as poor concentration, emotional distress and lack of motivation were also reduced in the groups. These two types of interventions increased their quality of work performance.

It could be inferred that patients who had depression were definitely benefited with the two types of intervention. The group which underwent the medications was benefited as they were relieved from the symptoms of depression and increased coping ability in their working life. But the group which underwent the combined medications and cognitive behavior therapy was benefited much more as they had better coping ability, relieved from the symptoms of depression, and had no distortion of their cognition in functioning and working life.

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